

Pre-examination Assessment Form

UBT465 – Provide radio frequency treatments

Centre Name: Centre ID Number: Date of Assessment: Signature of Lecturer/Assessor: Signature of Internal Quality Assurer:		Minimum 7		Sub – Total	Hygiene and sterilisation	Consultation	Advanced skin assessment	Radio frequency treatment	Radio frequency treatment technique	Post care/ homecare	Oral questions	FINAL MARK	Case studies	Learners must achieve a minimum of 7 marks for the first 2 sections in order to pass.	
		Client care	Preparation of area												
	Learner name	Learner No.	5	5		5	5	10	15	40	10	5	100	P/F	Comment
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															